

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/572737

FILING DATE

APPLICANT(S)

CLAIMS

	FILED w. Article		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4						
5						
6						
7	1		1			
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14		①		1		
15		①		1		
16	1					
17				1		
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TOTAL IND.	10	↓	3	↓	0	↓
TOTAL DEP.	2	←	10	←	0	←
TOTAL CLAIMS	12		13		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	